



**PATIENT**

Penny Chakonis

**PRESENTING CLINICAL SIGNS**

- Diarrhea, vomiting - dec. in appetite
- Radiographs show thickening of small intestine

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: MCH 32+, WBC 534-, HGB 18.5+, MCHC 41.4 +, PLT 95-, MPV 11.8+

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Canine

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

**SEX**

Golden Retriever Mix

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.0 cm in length. The right kidney measured 6.0 cm in length.

**AGE**

FS

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

3yr

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Farview Animal Clinic

**Liver/Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr Mosaad

**Gastrointestinal**

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of anechoic fluid. No obvious obstruction to pyloric outflow or shadowing content.

**INVOICE**  
23767

**DATE**

02/02/2026



<b>PATIENT</b>	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.36 cm width. The jejunum wall measured 0.32 cm width.
Penny Chakonis	
<b>SPECIES</b>	Normal visible colon wall layers were present with semi formed to possible soft feces in lumen.
Canine	<b>Pancreas</b>
<b>BREED</b>	The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.
Canine	<b>Free Abdomen</b>
<b>SEX</b>	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
Golden Retriever Mix	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>AGE</b>	<b>Primary</b>
FS	<ul style="list-style-type: none"> <li>• Mild hypomotile gastritis pattern</li> <li>• Structurally unremarkable empty small intestine</li> <li>• Normal colon containing semi-formed to soft fecal matter</li> <li>• Normal area of pancreas</li> </ul>
<b>WEIGHT</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
3yr	No evidence of mechanical pyloric or generalized gastrointestinal inflammation which suggests metabolic gastric ileus. The appearance of the gastrointestinal tract was non-specific with considerations including dietary intolerance / food hypersensitivity, infectious disease, enterotoxin, inflammatory bowel disease, occult parasitism, occult Addison's Disease, occult neoplasia, or other. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol is warranted.
<b>INTERPRETED BY</b>	Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), cobalamin supplementation pending assessment of cobalamin level +/- antibiotic trial with consideration for adverse effects on normal GI flora with long term antibiotic use and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	
Rebecca Hamilton	
<b>HOSPITAL NAME</b>	
Farview Animal Clinic	
<b>REFERRING VET</b>	
Dr Mosaad	
<b>INVOICE</b>	
23767	
<b>DATE</b>	
02/02/2026	



**PATIENT**  
 Penny Chakonis

**SPECIES**  
 Canine

**BREED**  
 Canine

**SEX**  
 Golden Retriever Mix

**AGE**  
 FS

**WEIGHT**  
 3yr

**INTERPRETED BY**  
 R. McKenzie Daniel,  
 DVM, DABVP  
 (Canine and Feline)

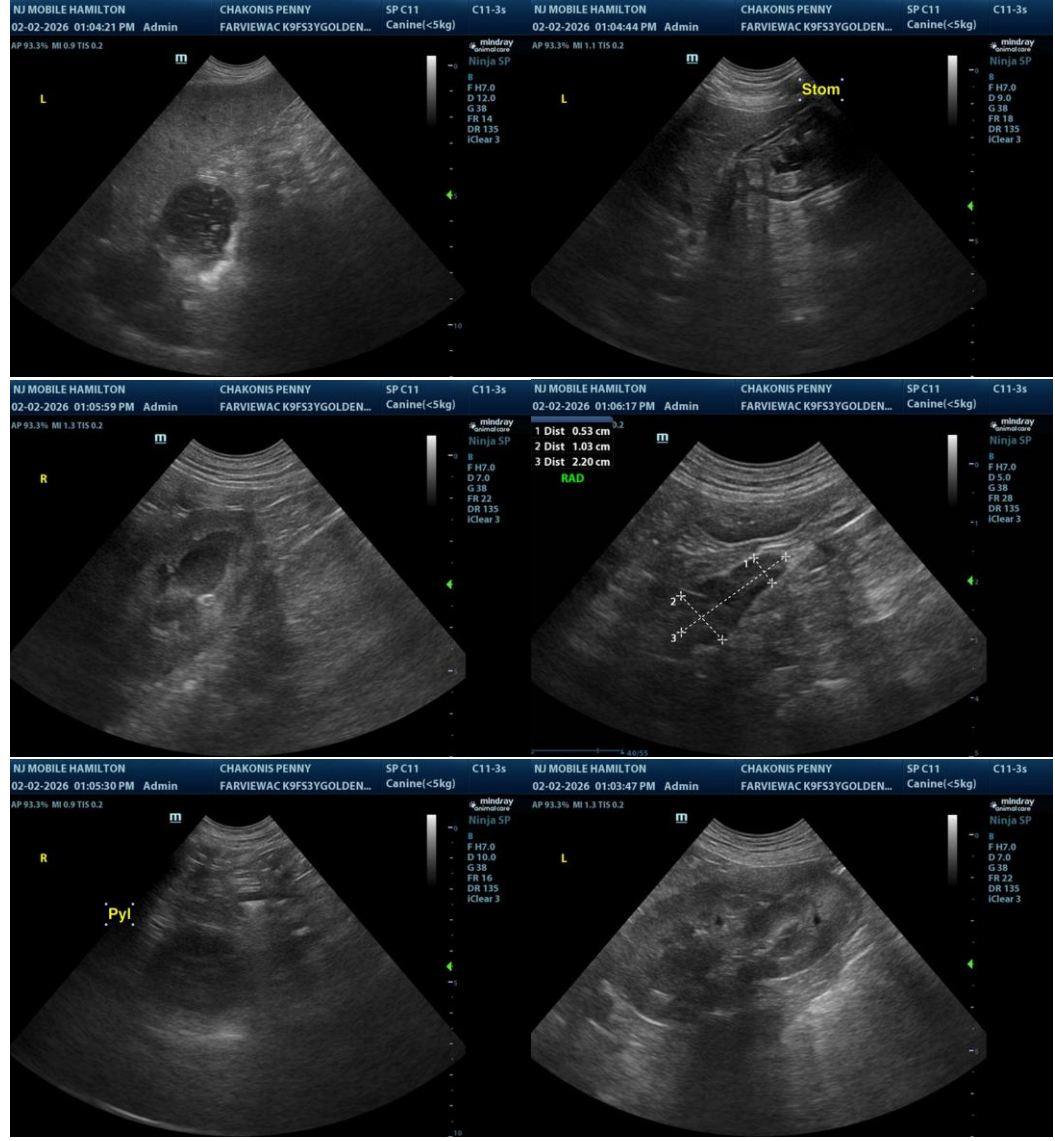
**IMAGING PERFORMED BY**  
 Rebecca Hamilton

**HOSPITAL NAME**  
 Farview Animal Clinic

**REFERRING VET**  
 Dr Mosaad

**INVOICE**  
 23767

**DATE**  
 02/02/2026





**PATIENT**

Penny Chakonis

**SPECIES**

Canine

**BREED**

Canine

**SEX**

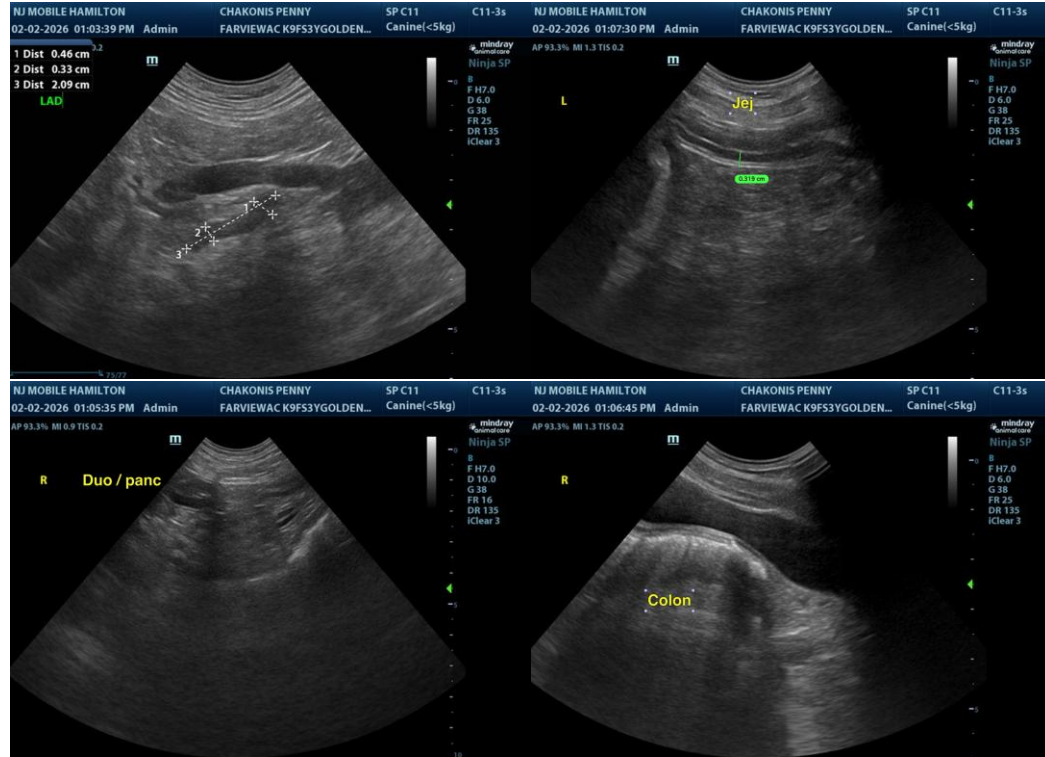
Golden Retriever Mix

**AGE**

FS

**WEIGHT**

3yr



**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Farview Animal Clinic

**REFERRING VET**

Dr Mosaad

**INVOICE**  
23767

**DATE**  
02/02/2026

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)